

Maryland's Public Behavioral Health System

Consumer Perception of Care Survey 2016

Executive Summary

MARYLAND'S PUBLIC BEHAVIORAL HEALTH SYSTEM

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I. INTRODUCTION

The Department of Health and Mental Hygiene (DHMH) launched Maryland's Public Mental Health System (PMHS) in July 1997 as part of the state's Medicaid 1115 waiver reform initiative. The 1115 waiver created a system whereby specialty mental health (MH) services are delivered through a "carve-out" arrangement that manages public mental health funds under a single payer system. Since the creation of the "carve-out", two additional major changes to the public system have occurred. The first was the formal merger of the Mental Hygiene Administration (MHA) with the Alcohol and Drug Abuse Administration (ADAA) in July 2014, creating an integrated Behavioral Health Administration (BHA). The second major change was the shift of substance-related disorder (SRD) services from a managed care system to the "carve-out" system in January 2015, which is now referred to as the Public Behavioral Health System (PBHS). The system continues to serve Medicaid recipients and a subset of uninsured individuals eligible for public behavioral health services due to severity of illness and financial need. As a result of these major changes, individuals treated primarily for an SRD have for the first time been included in this 2016 Consumer Perception of Care (CPOC) survey.

Medicaid currently contracts with Beacon Health Options (Beacon) to provide administrative services, including evaluation activities, for the PBHS. One of the evaluation activities is the administration of consumer surveys to assess perception of care, including satisfaction with and outcomes of behavioral health services provided by the PBHS. Beacon subcontracted with Fact Finders, Inc. of Albany, New York to conduct telephone interviews, collect and analyze data, and document the findings. This report represents findings of the 2016 Consumer Perception of Care Survey, which is the sixteenth systematic, statewide survey since the inception of the PBHS (formerly PMHS).

The survey protocol, including methodology, sampling, administration, and data collection, is reviewed annually by the DHMH Institutional Review Board (IRB). The IRB is responsible for reviewing research protocols to ensure that the rights, safety, and dignity of human subjects are protected.

This report is a condensed version of the 2016 Consumer Perception of Care Survey-Detailed Report. To obtain a copy of the detailed report and brochures, visit the following Web site: bha.dhmh.maryland.gov.

II. METHODOLOGY

The potential survey population consisted of individuals for whom PBHS claims were received for outpatient behavioral health services rendered between January and December 2015. The sample was stratified by age and county of residence, and individuals were then randomly selected from among these groups for inclusion in the survey sample. Service types for adults included outpatient MH treatment services, outpatient SRD treatment services, and/or psychiatric rehabilitation program (PRP) services. Service types for children included outpatient MH treatment services and family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Individuals aged 16 years of age or older at the time of service responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children and adolescents under the age of 16. The survey was administered by telephone with individuals who agreed to participate.

Separate survey instruments were used for adults and for caregivers. Both of these instruments originated from a Federal initiative, the Mental Health Statistics Improvement Project (MHSIP) - Consumer Surveys. Items from these surveys are incorporated into the Center for Mental Health Services Uniform Reporting System (URS) for Federal Block Grant reporting. The Maryland Adult Perception of Care Survey is based on the MHSIP Adult Consumer Survey, while the Maryland Child and Family Perception of Care Survey is based on the MHSIP Youth Services Survey for Families (YSS-F). In addition to the MHSIP items, both survey instruments included demographic items, service-specific sections, and other selected items of interest.

Responses to perception of care and outcome items are based on the five-point Likert scale: "strongly agree," "agree," "neutral," "disagree," and "strongly disagree" (Figures 3-5, 9-11). Due to rounding, totals may not sum exactly to 100%.

III. ADULT SURVEY RESULTS

Telephone interviews were conducted with adults to assess their perception of care, including satisfaction with and outcomes of services received through Maryland's PBHS. For this 2016 survey administration, the adult survey sample included adults who received outpatient behavioral health treatment services (MH or SRD) and/or psychiatric rehabilitation program (PRP) services between January and December 2015.

Of the 10,908 individuals in the adult MH sample, 1,233 were successfully contacted to request participation in the survey, and 403 completed the survey for a response rate of 32.7%. Of the 14,046 individuals in the SRD sample, 1,786 were successfully contacted to request participation in the survey, and 234 completed the survey for a response rate of 13.1%.

Figure 1 details the characteristics of the survey respondents.

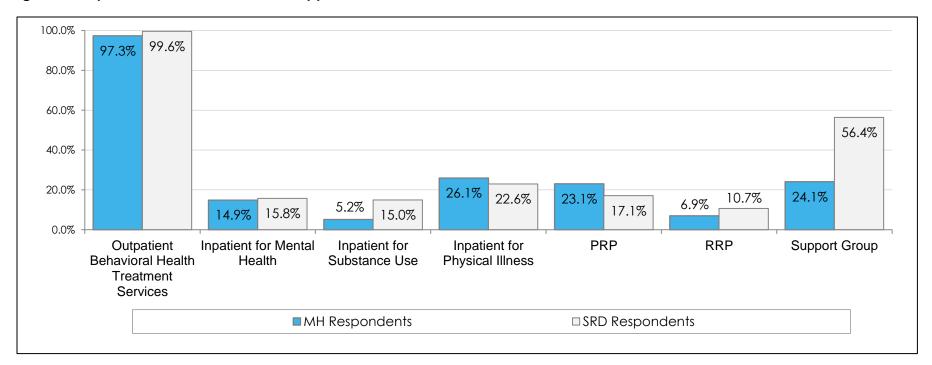
Figure 1: Summary of Respondent Characteristics

Characteristics		MH %	SRD %
	Female	63.0	39.7
Gender	Male	37.0	59.9
	Unknown	0.0	0.4
	Under 21	4.7	3.4
	21 – 30	19.4	20.5
Ama	31 – 40	16.6	21.8
Age	41 – 50	18.9	23.1
	51 – 64	38.5	29.5
	65 and Older	2.0	1.7
	Black or African-American	40.4	44.4
Race	White or Caucasian	54.6	53.9
	Other	5.0	1.7
Ethnicity	Spanish, Hispanic, or Latino	8.2	7.3
	Unemployed	30.8	28.2
	Employed Full-Time	14.6	21.4
	Employed Part-Time	9.9	14.5
Emanda yana mb	Permanently Disabled	32.3	21.4
Employment	Retired	3.5	4.7
	Homemaker	2.0	3.4
	Student/Volunteer	3.9	3.9
	Other/Unknown	3.0	2.6

SERVICE USE: ADULTS

Respondents were asked about their recent use of health services and supports. As seen in Figure 2, nearly all respondents reported receiving outpatient behavioral health treatment services. Inpatient services for mental health were used by 15% of the MH and 16% of the SRD respondents, inpatient services for substance use were used by 5% of the MH and 15% of the SRD respondents, and inpatient services for a physical illness were used by 26% of the MH and 23% of the SRD respondents. Twenty-three percent (23%) of the MH and 17% of the SRD respondents used PRP services, and residential rehabilitation program (RRP) services were used by 7% of the MH and 11% of the SRD respondents. Twenty-four percent (24%) of the MH and 56% of the SRD respondents participated in a behavioral health self-help group (such as On Our Own, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), depression support group, family support group).

Figure 2: Reported Use of Services and Supports



OUTCOME MEASURES: ADULTS

To assess the benefits of the behavioral health services received, respondents (MH and SRD) were asked to indicate the degree to which they agree or disagree with 16 specific outcomes of services, as shown in Figure 3. Each question begins with the statement: "As a direct result of all the behavioral health services I received" and was followed by the specific outcome of services.

Figure 3. Outcome of Services

STATEMENT		STRONGLY AGREE/ AGREE		Neutral		Strongly Disagree/ Disagree	
		SRD	MH	SRD	МН	SRD	
I deal more effectively with daily problems.	77.6%	77.8%	13.2%	11.3%	9.2%	10.9%	
I am better able to control my life.	74.0%	80.5%	15.9%	12.6%	10.1%	6.9%	
I am better able to deal with crisis.	72.4%	76.6%	14.6%	12.1%	13.1%	11.3%	
I am getting along better with my family.	71.4%	79.6%	15.5%	11.6%	13.1%	8.9%	
I do better in social situations.	64.9%	72.2%	16.6%	11.9%	18.4%	15.9%	
I do better in school and/or work.	67.4%	74.6%	15.8%	13.2%	16.8%	12.2%	
My housing situation has improved.	61.8%	63.3%	16.3%	16.7%	21.9%	20.0%	
My symptoms are not bothering me as much.	55.3%	66.1%	15.4%	15.4%	29.3%	18.5%	
I do things that are more meaningful to me.	70.2%	79.6%	16.3%	11.7%	13.5%	8.7%	
I am better able to take care of my needs.	73.4%	82.1%	14.8%	11.4%	11.8%	6.6%	
I am better able to handle things when they go wrong.	68.3%	73.0%	18.1%	16.1%	13.6%	10.9%	
I am better able to do things that I want to do.	65.8%	71.6%	15.9%	16.6%	18.2%	11.8%	
I am happy with the friendships I have.	76.3%	77.0%	12.1%	12.2%	11.6%	10.9%	
I have people with whom I can do enjoyable things.	79.0%	84.3%	9.3%	7.4%	11.8%	8.3%	
I feel I belong in my community.	68.0%	76.0%	15.5%	11.6%	16.5%	12.4%	
In a crisis, I would have the support I need from family or friends.	76.6%	85.3%	9.8%	6.9%	13.6%	7.8%	

SATISFACTION WITH OUTPATIENT BEHAVIORAL HEALTH TREATMENT SERVICES: ADULTS

To assess satisfaction with specific aspects of their outpatient behavioral health treatment services, respondents (MH and SRD) were asked to indicate the degree to which they agree or disagree with 23 statements about the services they received (Figure 4).

Figure 4. Satisfaction with Outpatient Behavioral Health Treatment Services

STATEMENT	Strongly Ag		Neutral		STRONGLY DISAGREE/ DISAGREE	
	МН	SRD	МН	SRD	МН	SRD
I like the services that I received.	85.6%	84.4%	7.0%	7.8%	7.5%	7.8%
If I had other choices, I would still get services from this provider.	82.0%	81.0%	8.7%	7.4%	9.3%	11.7%
I would recommend this provider to a friend or a family member.	81.6%	84.5%	6.6%	4.3%	11.8%	11.2%
The location of services was convenient.	88.7%	80.7%	5.4%	9.0%	5.9%	10.3%
Staff were willing to see me as often as I felt it was necessary.	85.6%	81.4%	4.9%	6.9%	9.5%	11.7%
Staff returned my calls in 24 hours.	76.6%	78.6%	8.6%	6.3%	14.8%	15.2%
Services were available at times that were good for me.	86.7%	84.1%	6.2%	4.7%	7.2%	11.2%
I was able to get all the services I thought I needed.	81.8%	78.0%	5.9%	6.5%	12.3%	15.5%
I was able to see a psychiatrist when I wanted to.	77.3%	64.0%	5.6%	10.5%	17.1%	25.5%
Staff here believe that I can grow, change, and recover.	90.7%	91.1%	5.1%	4.4%	4.3%	4.4%
I felt comfortable asking questions about my treatment and medication.	93.0%	90.4%	2.3%	2.6%	4.7%	7.0%
I felt free to complain.	87.0%	86.5%	4.2%	2.6%	8.8%	10.9%
I was given information about my rights.	89.1%	87.4%	3.4%	4.3%	7.5%	8.2%
Staff encouraged me to take responsibility for how I live my life.	89.2%	90.8%	5.2%	3.1%	5.5%	6.1%
Staff told me what side effects to watch out for.	80.4%	86.6%	6.3%	4.0%	13.3%	9.4%
Staff respected my wishes about who is and is not to be given information about my treatment.	92.6%	91.3%	2.1%	3.0%	5.3%	5.6%
I, not staff, decided my treatment goals.	79.7%	73.2%	12.6%	11.4%	7.6%	15.4%
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	86.6%	86.4%	5.5%	4.8%	7.9%	8.8%
I was encouraged to use consumer-run programs.	71.9%	84.7%	9.5%	4.5%	18.5%	10.8%
Staff were sensitive to my cultural or ethnic background.	86.3%	86.4%	7.0%	4.7%	6.7%	8.9%
Staff respected my family's religious or spiritual beliefs.	89.5%	89.0%	7.7%	6.7%	2.8%	4.3%
Staff treated me with respect.	94.9%	91.4%	2.0%	2.1%	3.1%	6.4%
Staff spoke with me in a way that I understood.	95.2%	95.2%	2.6%	0.9%	2.3%	3.9%

SATISFACTION WITH PSYCHIATRIC REHABILITATION PROGRAM SERVICES: ADULTS

To assess satisfaction with specific aspects of their psychiatric rehabilitation program (PRP) services, respondents (MH and SRD) were asked to indicate the degree to which they agree or disagree with 21 statements about the services they received (Figure 5).

Figure 5. Satisfaction with Psychiatric Rehabilitation Program Services

STATEMENT		LY AGREE/ Gree	Neutral		STRONGLY DISAGREE/ DISAGREE	
		SRD	MH	SRD	MH	SRD
I like the services that I received.	87.1%	80.0%	4.3%	10.0%	8.6%	10.0%
If I had other choices, I would still get services from this provider.	87.0%	78.9%	4.3%	10.5%	8.7%	10.5%
I would recommend this provider to a friend or a family member.	87.0%	85.0%	4.3%	7.5%	8.7%	7.5%
The location of services was convenient.	90.2%	85.0%	4.3%	7.5%	5.4%	7.5%
Staff were willing to see me as often as I felt it was necessary.	85.7%	87.5%	5.5%	2.5%	8.8%	10.0%
Staff returned my calls in 24 hours.	75.6%	84.6%	9.3%	5.1%	15.1%	10.3%
Services were available at times that were good for me.	83.7%	92.5%	9.8%	2.5%	6.5%	5.0%
I was able to get all the services I thought I needed.	83.7%	80.0%	3.3%	7.5%	13.0%	12.5%
Staff here believe that I can grow, change, and recover.	90.2%	97.5%	6.5%	2.5%	3.3%	0.0%
I felt comfortable asking questions about my treatment and medication.	89.0%	90.0%	5.5%	2.5%	5.5%	7.5%
I felt free to complain.	82.6%	82.5%	4.3%	7.5%	13.0%	10.0%
I was given information about my rights.	85.7%	92.3%	5.5%	5.1%	8.8%	2.6%
Staff encouraged me to take responsibility for how I live my life.	90.1%	97.4%	6.6%	0.0%	3.3%	2.6%
Staff respected my wishes about who is and is not to be given information about my treatment.	94.4%	97.3%	3.4%	0.0%	2.2%	2.7%
I, not staff, decided my rehabilitation goals.	81.3%	74.4%	7.7%	10.3%	11.0%	15.4%
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	90.2%	94.6%	4.3%	0.0%	5.4%	5.4%
I was encouraged to use consumer-run programs.	85.9%	92.3%	5.4%	2.6%	8.7%	5.1%
Staff were sensitive to my cultural or ethnic background.	88.4%	97.4%	4.7%	0.0%	7.0%	2.6%
Staff respected my family's religious or spiritual beliefs.	87.5%	100.0%	6.8%	0.0%	5.7%	0.0%
Staff treated me with respect.	94.6%	90.0%	3.3%	7.5%	2.2%	2.5%
Staff spoke with me in a way that I understood.	94.6%	87.5%	2.2%	7.5%	3.3%	5.0%

VI. CHILD AND CAREGIVER SURVEY RESULTS

Telephone interviews were conducted with the caregivers of children to assess their perception of care, including satisfaction with and outcomes of services received through Maryland's PBHS between January through December 2015. Of the 14,000 child/caregivers in the child sample, 2,008 caregivers were successfully contacted to request participation in the survey, and 751 completed the survey for a response rate of 37.4%.

Figure 6 details characteristics of the children and Figure 7 details the characteristics of the caregivers.

Figure 6: Summary of Child Characteristics

Characteristics		%
Candan	Female	41.1
Gender	Male	58.9
	1 – 4	3.9
A	5 – 9	33.0
Age	10 –14	51.3
	15 and Older	11.9
	Black or African-American	50.2
Race	White or Caucasian	45.8
	Other	4.0
Ethnicity	Spanish, Hispanic, or Latino	14.8
Education	Currently in School	95.5
Education	Have Repeated a Grade	17.2

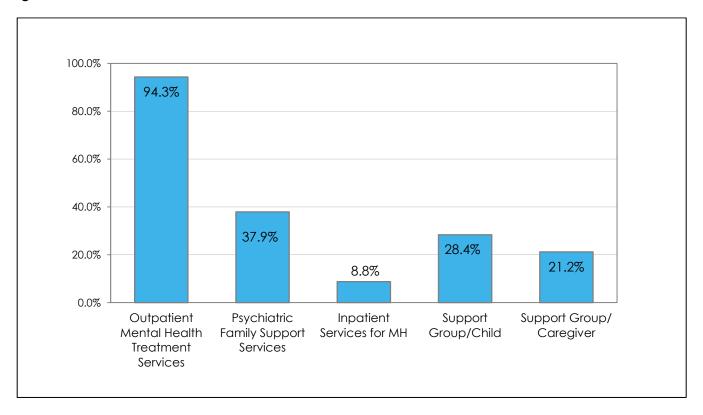
Figure 7: Summary of Caregiver Characteristics

Characteristics		%
Candar	Female	87.7
Gender	Male	12.3
	21 – 30	12.7
	31 – 40	37.4
A	41 – 50	26.1
Age	51 – 64	13.7
	65 and Older	4.0
	Unknown	6.1
	Black or African-American	41.9
Davas	White or Caucasian	40.2
Race	More than One Race Reported	4.0
	Other/Unknown	13.9
Ethnicity	Spanish, Hispanic, or Latino	10.1

USE OF MENTAL HEALTH SERVICES: CHILD

Caregiver respondents were asked about their child's recent use of mental health services. As seen in Figure 8, nearly all caregivers (94%) indicated their child had received some type of outpatient mental health treatment service. In addition, 38% used psychiatric family support services and 9% used inpatient mental health services. Mental health support or self-help groups, such as peer counseling, were used by 28% of children, and 21% of caregivers participated in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental, learning, or behavioral disorders.

Figure 8: Use of Mental Health Services



OUTCOMES MEASURES

To assess the benefits of the behavioral health services received, caregivers were asked to indicate the degree to which they agree or disagree with 14 specific outcomes of services (Figure 9). Each of the first set of questions begins with the statement: "As a direct result of all the mental health services my child received" and was followed by the specific outcome of services.

Figure 9. Outcome Measures

STATEMENT	STRONGLY AGREE/ AGREE	Neutral	Strongly Disagree/ Disagree
My child is better at handling daily life.	65.4%	18.9%	15.8%
My child gets along better with family members.	67.0%	21.4%	11.6%
My child gets along better with friends and other people.	63.8%	24.1%	12.2%
My child is doing better in school and/or work.	65.5%	17.0%	17.5%
My child is better able to cope when things go wrong.	55.6%	21.2%	23.2%
I am satisfied with our family life right now.	72.3%	13.6%	14.1%
My child is better able to do things he or she wants to do.	71.2%	17.6%	11.3%
My child is better able to control his or her behavior.	53.3%	23.5%	23.2%
My child is less bothered by his or her symptoms.	59.6%	19.2%	21.2%
My child has improved social skills.	68.1%	16.8%	15.1%
Thinking about your relationships with persons other than your mental hea as a direct result of the mental health services my child and family receiv			
I know people who will listen and understand me when I need to talk.	86.5%	7.5%	5.9%
I have people that I am comfortable talking with about my child's problems.	88.1%	6.5%	5.3%
In a crisis, I would have the support I need from family or friends.	87.7%	5.9%	6.4%
I have people with whom I can do enjoyable things.	90.9%	6.2%	2.9%

SATISFACTION WITH OUTPATIENT MENTAL HEALTH TREATMENT SERVICES

To assess satisfaction with specific aspects of the outpatient mental health treatment services their child received, caregivers were asked to indicate the degree to which they agree or disagree with 16 statements about the services their child received, as shown in Figure 10.

Figure 10. Satisfaction with Outpatient Mental Health Treatment Services

STATEMENT	STRONGLY AGREE/ AGREE	Neutral	STRONGLY DISAGREE/ DISAGREE
Overall, I am satisfied with the services my child received.	82.4%	9.1%	8.5%
I helped choose my child's services.	87.1%	5.4%	7.4%
I helped choose my child's treatment goals.	88.6%	5.1%	6.3%
The people helping my child stuck with us no matter what.	83.8%	6.2%	10.1%
I felt my child had someone to talk to when he/she was troubled.	85.6%	5.5%	8.9%
I participated in my child's treatment.	95.9%	1.8%	2.3%
The services my child and/or family received were right for us.	84.0%	8.1%	7.8%
The location of services was convenient for us.	88.1%	4.4%	7.5%
Services were available at times that were convenient for us.	84.9%	6.2%	8.9%
My family got the help we wanted for my child.	79.3%	9.0%	11.7%
My family got as much help as we needed for my child.	71.7%	11.7%	16.6%
Staff treated me with respect.	96.9%	2.1%	1.0%
Staff respected my family's religious or spiritual beliefs.	93.8%	5.0%	1.2%
Staff spoke with me in a way that I understood.	98.0%	1.1%	0.8%
Staff were sensitive to my cultural or ethnic background.	92.8%	5.7%	1.5%
I felt free to complain.	90.7%	3.9%	5.5%

SATISFACTION WITH CHILD/FAMILY SUPPORT SERVICES

To assess satisfaction with specific aspects of the family support services their child received, caregivers were asked to indicate the degree to which they agree or disagree with 16 statements about the services their child received, as shown in Figure 11.

Figure 11. Satisfaction with Child/Family Support Services

STATEMENT	STRONGLY AGREE/ AGREE	NEUTRAL	STRONGLY DISAGREE/ DISAGREE
Overall, I am satisfied with the services my child received.	83.1%	6.5%	10.4%
I helped choose my child's services.	85.1%	5.1%	9.8%
I helped choose my child's treatment goals.	89.3%	3.7%	7.0%
The people helping my child stuck with us no matter what.	84.8%	5.8%	9.4%
I felt my child had someone to talk to when he/she was troubled.	88.3%	4.8%	7.0%
I participated in my child's services.	94.9%	1.4%	3.6%
The services my child and/or family received were right for us.	85.6%	5.4%	9.0%
The location of services was convenient for us.	88.8%	4.3%	6.8%
Services were available at times that were convenient for us.	87.7%	5.1%	7.2%
My family got the help we wanted for my child.	81.2%	6.9%	12.0%
My family got as much help as we needed for my child.	72.5%	9.8%	17.8%
Staff treated me with respect.	98.2%	1.4%	0.4%
Staff respected my family's religious or spiritual beliefs.	96.4%	3.2%	0.4%
Staff spoke with me in a way that I understood.	99.6%	0.4%	0.0%
Staff were sensitive to my cultural or ethnic background.	96.0%	3.6%	0.4%
I felt free to complain.	95.2%	1.8%	2.9%

V. SUMMARY

Statewide telephone surveys were administered to assess individuals' perception of services received through Maryland's Public Behavioral Health System (PBHS). These surveys represent the 16th systematic, statewide assessment of outpatient mental health (MH) services since 1997; however, recipients of outpatient substance-related disorder (SRD) services were added to the survey for the first time in 2016. Data collection, data analysis, and documentation of the survey findings were subcontracted through Fact Finders, Inc. on behalf of Beacon Health Options, and the Maryland Medicaid and Behavioral Health Administrations.

The potential survey population consisted of individuals for whom PBHS claims were received for outpatient behavioral health services rendered between January and December 2015. Three separate samples were constructed: adult MH, adult SRD, and child MH. Service types for adults included outpatient MH treatment services, outpatient SRD treatment services, and psychiatric rehabilitation program (PRP) services. Service types for children included outpatient MH treatment services and family support services. Individuals (16 years of age or older at the time of service) responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children and adolescents under the age of 16. The following table displays the response rates for each group:

SAMPLE	SAMPLE SIZE	SUCCESSFULLY COMPLETED	COMPLETED INTERVIEWS	RESPONSE RATE
MH	10,908	1,233	403	33%
SRD	14,046	1,786	234	13%
Child/Caregiver	14,000	2,008	751	37%

Results of the question, "Overall, I am satisfied with the behavioral health services I (my child) received", indicate a high degree of satisfaction with PBHS outpatient services: Adult MH - 86%; Adult SRD - 82%; and child/caregiver - 80%. The survey respondents were also asked a number of specific questions related to satisfaction with, as well as outcomes of, the services they received. The table below summarizes the range of percentages of positive responses (i.e., "Strongly Agree", "Agree") within each category and group:

	SATISFA	CTION	Оито	COMES*	
GROUP	Мімімим	MAXIMUM	MINIMUM	MAXIMUM	
Adult MH	71.9%	95.2%	55.3%	79.0%	
Adult SRD	64.0%	95.2%	63.3%	85.3%	
Adult MH PRP	75.6%	94.6%	N/A	N/A	
Adult SRD PRP	74.4%	100.0%	N/A	N/A	
Child MH	71.7%	98.0%	53.3%	72.3%	
Child Family Support	72.5%	99.6%	N/A	N/A	

^{*}The results for the outcome questions were asked with respect to all services received and are therefore only shown for the full groups.



Larry Hogan, Governor

Boyd K. Rutherford, Lt. Governor

Dennis R. Schrader, Secretary,
Department of Health and Mental Hygiene

Barbara J. Bazron, Ph.D., Deputy Secretary / Executive Director,
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The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.

The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.